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SERIAL NUMBER 10/715,665	FILING OR 371(c) DATE 11/17/2003 RULE	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. PP01635.007
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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/721,480 11/22/2000 PAT 6,740,323 which claims benefit of 60/167,224 11/24/1999

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

01/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 44	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner Signature: <u>[Signature]</u> Initials: <u>24</u>				

ADDRESS

27476

TITLE

HBV/HCV virus-like particle

FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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